

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

PHARMACY EXAMINING BOARD

PHARMACIST CERTIFICATE OF PROFESSIONAL EDUCATION

APPLICANT: Complete this section and submit to certifying school for completion. Form must be returned directly from the certifying school to the Department at the above address.

Last Name

First Name

MI

Former / Maiden Name(s)

Address: (number, street, city, zip code)

Social Security #: (voluntary-for school's use in locating your records)

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CERTIFYING SCHOOL: Complete this section and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspscredpharmacy@wisconsin.gov.

Name of Institution:

Location of Institution: (city, state)

Type of Degree Awarded:

Major:

Date Diploma Granted:

 / /

(anticipated dates of graduation will not be accepted)

Signature of Dean/Dept. Head

Date

 / /